

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12TH, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics**

Reset Form

FORM-GBGift or Bequest information received
by a department or accepted by the
Governor on behalf of the state**For office use only**

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Newton Correctional Facility

Name of Department or Office

PO Box 218

Newton, IA 50208

Mailing Address

641-792-7552 x 411

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Terry Mapes

Name

Mailing Address (if different from above)

terry.mapes@iowa.gov

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

James and Elizabeth Evans

Name

PO Box 1060

Waukeg, IA 50263

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

1-22-12

\$ 50.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Book donations for offender library

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

Newton Correctional Facility

PO Box 218, Newton, Iowa 50208

[illegible]

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Newton Correctional Facility	
Name of Department or Office PO Box 218	Newton, IA 50208
Mailing Address 641-792-7552 x 411	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Terry Mapes	
Name	
Mailing Address (if different from above) terry.mapes@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Janina Balabat	
Name	
108 Channing Rd.	Burlingame, CA 94010
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

1-24-12	\$ 17.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

Book donation for offender library

Criteria to use this form:

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Statement of Affirmation:

I, _____ affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.


Signature

2-2-12
Date

[illegible][illegible][illegible]